



**PATIENT**

Drew Swaney

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

FS

**AGE**

5.5 years

**WEIGHT**

55 lbs.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Amanda Crook -  
SDEP Certified  
Clinical Sonographer

**HOSPITAL NAME**

Rivers Edge PMC

**REFERRING VET**

Dr. David Gray

**INVOICE**

16783

**DATE**

5/10/23

**PRESENTING CLINICAL SIGNS**

P presented yesterday for vomiting with red tinge then returned today for continued vomiting, anorexia, lethargy and drooling despite medical therapy including cerenia. Hospitalized today on IVF, unasyn, metronidazole and buprenorphine.

Abnormal PE/Chem/CBC/UA Results: decreased WBC with signs of dehydration See attached radiograph from yesterday - loss of detail

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Very minor particulate sediment, which may indicate minor cellular debris / protein, crystalline debris, lipid, or mucus, was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.1 cm in length. The right kidney measured 6.3 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.1 cm length x 0.55 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.0 cm length x 0.87 cm width at the caudal pole.

**Spleen**

The spleen exhibited subjective subnormal size, consistent with volume contraction, with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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***Gastrointestinal***

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The stomach was moderate to markedly distended with primarily retained anechoic to mildly echogenic fluid. A subjective mild amount of mild progressively shadowing nonspecific mild hyperechoic ingesta was present primarily in the gastric antrum and body. Overtly normal pyloric walls were noted without evidence of obstructive pyloric mural pathology.

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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mildly decreased echogenicity with occasional mucosal speckling. A segmental duodenojejunal ileus pattern with mild oral/aboral movement of luminal fluid along with segments of empty jejunum to the level of the colon was noted. No evidence of pathology was noted at the level of the ileocolic junction.

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Normal visible colon wall layers were present with soft to potential non-formed fecal matter.

**AGE**

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***Pancreas***

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

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***Free Abdomen***

No evidence of significant lymphadenopathy, although minor isoechoic mesenteric lymphadenopathy, not consistent with neoplastic lymphatic criteria, is possible. No evidence of peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

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- Moderate to markedly fluid distended stomach with nonspecific mild progressively shadowing pyloric ingesta - metabolic / functional vs. mechanical ileus
- Nonspecific enteritis pattern with segmental duodenojejunal ileus and concurrent empty jejunum
- Volume contracted spleen

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Given the degree of gastric distention with retained fluid and nonspecific ingesta in conjunction with the patient's clinical signs, exploratory laparotomy with gross gastrointestinal inspection with attention to the upper gastrointestinal tract and pyloric outflow is warranted. Given the timeframe between the ultrasound study and interpretation, sonographic or radiographic reassessment for evidence of persistent gastric distention during supportive care could also be considered. Intestinal biopsies are suggested despite exploratory findings to assess for underlying intestinal disease or if exploratory surgery is negative for mechanical obstruction.

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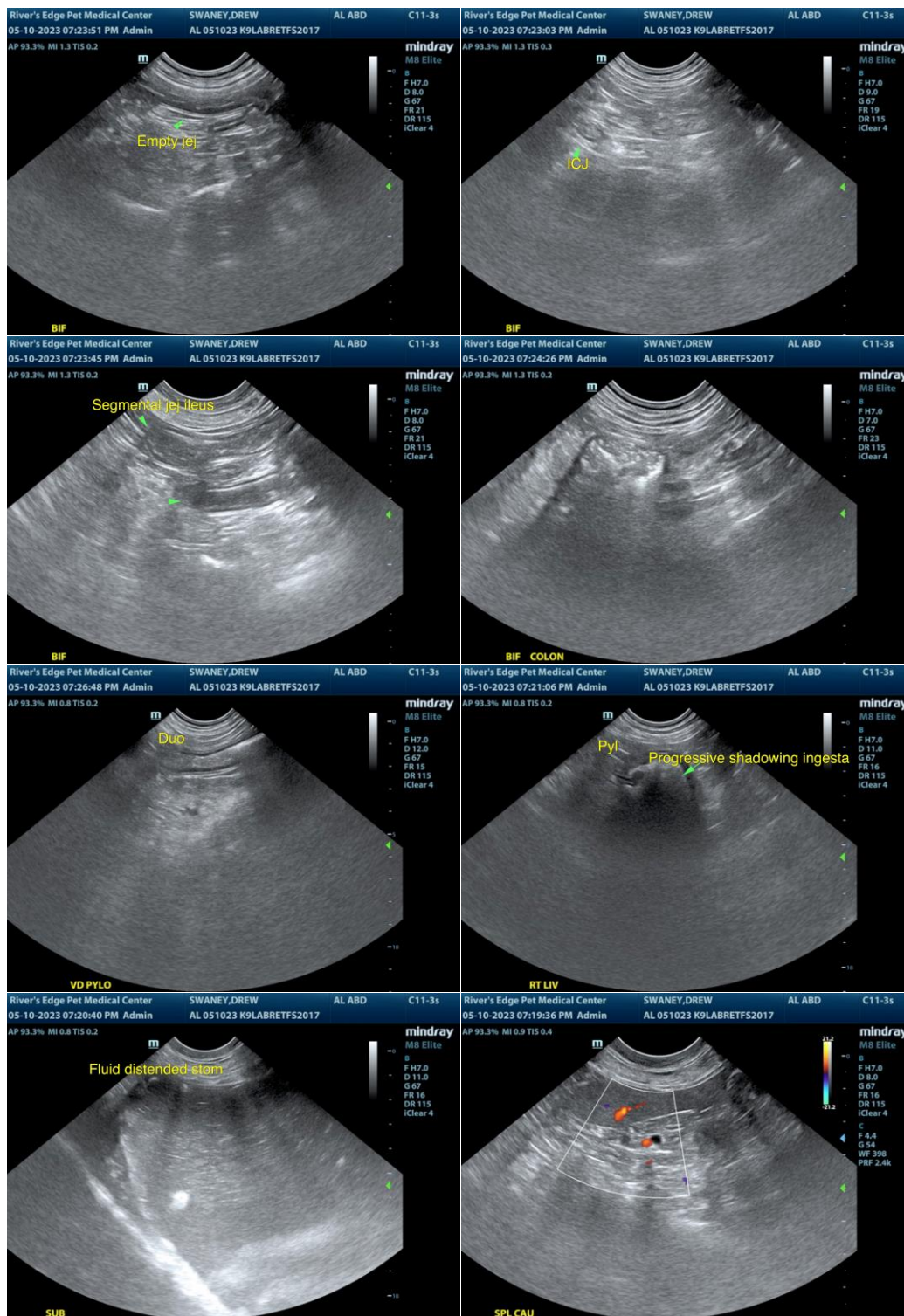
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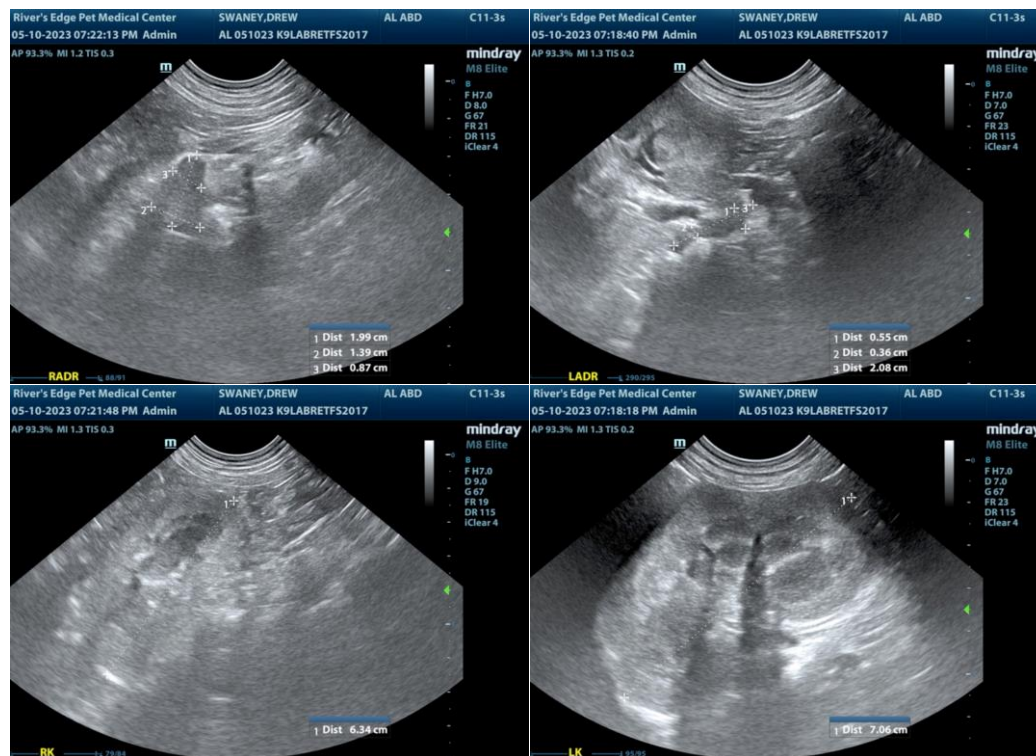
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)

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